

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5-99)

1 CIR. DIST / DIV. CODE	2 PERSON REPRESENTED HEATHER M. DOCKERY AKA		VOUCHER NUMBER	
3 MAG DKT DEF NUMBER 11-5017-9 (TJB)	4 DIST DKT DEF NUMBER	5 APPEALS DKT DEF NUMBER	6 OTHER DKT NUMBER	
7 IN CASE MATTER OF (Case Name) US v. HEATHER M. DOCKERY AKA BROGAN	8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) CC	

11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.
21: 841(a)(1) and (b)(1)(C) - Possession with intent to distribute oxycodone

12 ATTORNEY'S NAME (First Name, M/I, Last Name, including any suffix).
AND MAILING ADDRESS

Darren, Geller
Silentz Goldmark & Seltzer
90 Woodbridge Center Dr.
Suite 900 Box 10 Woodbridge
(732) 855-6006

Telephone Number

13 COURT ORDER

- Appointing Counsel
 F Subs For Federal Defender
 P Subs For Panel Attorney

- C Co-Counsel
 R Subs For Retained Attorney
 Y Standby Counsel

Prior Attorney's

Appointment Dates

Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR

Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

5/12/2011

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for the service at time appointment. YES NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15 In	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)					
	(RATE PER HOUR = \$)	TOTALS:				
16 Out of	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)					
	(RATE PER HOUR = \$)	TOTALS:				
17	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):						

19 CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE

TO: _____

20 APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21 CASE DISPOSITION

22 CLAIM STATUS Final Payment Interim Payment Number

Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this YES NO If yes, were you paid? YES NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

APPROVED FOR PAYMENT — COURT USE ONLY

23 IN COURT COMP.	24 OUT OF COURT COMP.	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27 TOTAL AMT. APPR. CERT
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a JUDGE/MAG JUDGE CODE
29 IN COURT COMP	30 OUT OF COURT COMP	31 TRAVEL EXPENSES	32. OTHER EXPENSES	33 TOTAL AMT. APPROVED
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a JUDGE CODE